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Incorporating

THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

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NOVEMBER, 1921

O. C. WELBOURN, A. M., M. D., Editor
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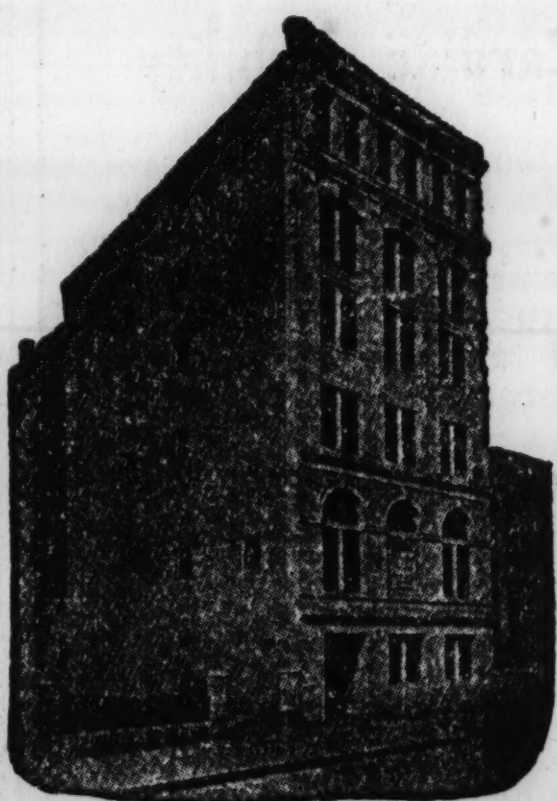
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The California Eclectic Medical Journal

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:: Original Contributions ::

INDUCTION OF LABOR

Read before the Eclectic Medical Society of California.

W. E. Daniels, M. D., Long Beach, Calif.

I am afraid that this paper will be a disappointment to you, for perhaps you are expecting SOMETHING NEW along this line of our work. But as this subject has recently been before the profession in Southern California, and it seems to be somewhat on the gain, I thought your attention called to the NEW method might be of interest and perhaps in the discussion we may arrive at some center grounds and be of real help to our patients and not an injury.

It is claimed by the advocates of this procedure, that is the induction of labor, when the FULL TIME has arrived, that it leaves the mother better and saves the lives of many children that would be otherwise sacrificed by going the full time or until labor came on voluntarily.

It is claimed also that when a woman goes beyond the allotted time, that the child grows to an abnormal size and the bones harden to such an extent, that in the delivery, the child is not only injured, but the soft parts of the mother are injured, so that repair is necessary, and the mother is left in a weakened condition not only by carrying the child beyond the necessary time, but it has actually weakened the child and that hospital records show that when a child is carried beyond the Full Time, that is 273 or 280 days.

Of course we who are doing nothing but city or country work and have but few cases in the hospital, are not in a position to say whether it is or is not an injury to the mother or to the child.

In my observation as a country practitioner and some work in city and city hospitals, I cannot say that I ever observed any more injury to the mother or child when the time was extended beyond the normal.

Nor have I ever observed that the labor was abnormal in any way, either in time or delivery. In fact I have always thought that in my cases, that a week or even two or three weeks made no difference in the delivery to mother or child, and in most cases I thought that labor was easier when the mother had gone over her normal time, as to the weakening of the child some of the strongest children I ever delivered were children delivered one to four weeks after the expected time had passed.

The method employed to induce premature labor is as follows:

The mother is prepared the same as in full term and then either with or without an anesthetic (in hospital work gas is used if there is a general anesthetic) ;the os dilated. Then a rubber bag is inserted into the womb and from two to three ounces of warm sterile water injected or the bag filled. The tube is then tied and the patient left to Nature to "start things going" which it usually does within 24 hours. If there is much pain a full dose of morphine is given.

If within 24 hours labor has not fully developed then there is a weight of one to three pounds tied to the rubber tube and patient left to develop labor. In some cases where labor refuses to begin the waters are ruptured and the patient is then cared for in the usual way.

If labor is not completed within six to eight hours, apply forceps and deliver in the usual way.

I need not give a very full exposition of my belief in this method of procedure.

As a boy I was brought up on a farm and my father raised blooded stock and a very close record kept of each animal as to time of breeding and the time when the animal was delivered and in many cases there were from two or three days to even a month or more over time in the delivery.

In fact animals breed the same day might vary as much as five weeks, and yet, in each case the offspring seemed to be equally strong and vigorous and the mother seemed perfectly normal in every way and the condition of each seemed perfect.

No one ever thought of inducing labor because the animal had gone beyond the expected time and in these cases we knew absolutely when conception took place, and in the human how are we to know the exact date of conception and who knows whether the mother is running over or under time?

Is there any way we can tell the exact date when a mother ought to be delivered, unless there be some abnormality of

the patient? If there is not then how are we to know when it is proper to induce labor?

To me it seems a very uncertain procedure even if we knew the exact date of conception, and until I have been shown and we shall have developed a class of physicians who shall be experts along that line and can tell me when the time is fully ripe for such a procedure, I shall trust good old nature to begin action and then I'll try and assist her all I can.

MYASTHENIA GRAVIS

Dr. A. W. Hyde, Brookings, S. D.

"To Thine ownself be true and it follows, as the night, the day, Thou canst not then be false to any man."

Josh Billings once had a lecture entitled "MILK." In his introduction he said, "the richest thing in milk is cream," and that ended his dissertation on milk. This title may have been as apropos as is my subject to the body of this paper. I wonder if, in the study of medicine, we are not rummaging the world over on land and sea and under the sea, invading the dark and doubtful tomb as well as the living low type organism in quest for materials varying from the most crude to the extreme spiritual to aid in the reconstruction of physical man made necessary by disease and injury and by imperfection at origin, forgetting that the animal body, itself, has in it, implanted there by the Great Creator, to function, to construct, and if to construct, also to reconstruct the body, or any part of the body, so long as any life remains in the elementary cells this side of universal cell death.

We must not be Medical Nihilists declaring that the mineral and vegetable kingdoms so long studied and appropriated in treatment of the ills of animal life, have utterly failed. Oh, no! Great good has been rendered and further study and application must be made, but acknowledging good from such sources, we must be open minded and ready to study other lines if reason shall exist and cases shall be cited illustrating success where other means have failed.

We must recognize in the study of Medicine, that "post hoc propter hoc" is not always a sure and logical course of reasoning. The very powers I am hinting at are so sure that recovery from disease obtains no matter what the line of medical treatment given.

Specific diagnosis and specific medication, the slogan of the Eclectic; Similia, Similibus, Curanter, or Curenter, proclaims the Homeopath; Contraria, Contrariis, or Physiologic opposites is deemed regular by the Great Majority. The various

mechanic methods, the Currents and rays, electrical, from Faradic to Radium; the laying on of hands to distant treatments by telepathic ether; even to the extremes of fancy, have their heralds and followers. So varied and numerous are methods and fads employed in the cure of the afflicted, one hesitates to suggest any new line or departure from the old and established system.

With this mild preface may I ask if you have turned the search light for study toward yourself—your own body; its mechanism its functions, its operations, its powers, its ways of doing things constructively.

When you have administered that cc. of pituitrin with the most wonderful results, in otherwise slow labor, saving to your patient the use of instruments, long time suffering, hard labor and valuable time to you, together with such valuable results, as early involution, better bowel and bladder functioning, better heart action and more general powers of life, have you let your open mind dwell upon the possibilities wrapped up, not only in the pituitary posterior lobe—the anterior lobe or both combined; the minute pineal gland and the Thymus, both effective in the early years of childhood? Then the Adrenal glands, the little motors of the body that lift the tired heart out of the mire. Do you not think Adrenal products would have buoyed up the flagging heart in those Influenza cases you lost two or three years ago? Would not this have been better than depressant aspirin or coal tar products? Wouldn't this have controlled the excessive nose bleed you feared? Strange and wonderful little fellows are these! Hinder them, you tire; destroy, or partially destroy them, ennui comes, and you die of Addison's disease. Tubercular Supra Renals account for deaths when you can't demonstrate it in the lungs. Then what shall we say of the sexual glands? Those abused, perverted, overworked, overloaded, long suffering, quick to recover their wonderful strengthening power and quick response to call of nervous and mental and general reconstruction influences. Don't slight the Gonads when advising your Neurasthenics, your manias, your so called Nervous breakdowns or prostrations. Feed them and spare them. And now in this limited catalogue of endocrines comes the THYROID, the Governor General, The great sympathetic Overseer of Construction and reconstruction, without which, we get the soft, flabby, myxedema, fast, weak heart; muscle fiber degeneration, chorea, epileptoid trend and mental aberrations. Or with too much Thyroid activity, the flood of Thyrotoxin that send heart and eyes, and mentality aviating to unknown heights, and wastes the life with strenuosity.

Every fiber works and overworks till the halt is called by a Conference of all the Endocrines crying, "Peace, be Still" till the perversions are overcome by rest—sedation—nontoxic gland food, possible decrease in blood supply, possibly removal of part of the Thyroid itself.

Fortunately, we have learned that all must not be sacrificed, as, like the Parathyroid, small as they are, the sine qua non—we must preserve. Further, to cap all, especially in those cases known as Rounders or Chronics, make a ten strike, by taking from any vein, one cc. of blood, which with its $5\frac{1}{2}$ million carriers, the Reds: eight thousand mounted police, and all products of the powers that be, the pan, or combined product of all the glands—make a serum by following carefully laid out and proven technique, which, with strictly aseptic surgical skill and careful administration intravenously, once a week or ten days, witness the most wonderful recoveries, not dreamed of, but only hoped for.

No doubt, you are all familiar with Endocrine Pathology and therapy. Some of you have listened to Chas. Mayo or E. J. Judd or Dr. Plummer of the Mayo Clinic in their exposition of Thyroid activities. You are familiar with Pituitary results. Now let me relate a case that points more deeply into our auto-motive possibilities.

In September, 1919, I was called to see David F., a boy aged six years. Till five he was in perfect health, till December, 1918, when he fell in an epileptoid fit. In a few days this was repeated. The family physician was called and the trouble pronounced chorea. These seances grew more frequent and the boy weaker. Some months later the boy was taken to Minneapolis, where tumor pressure or pressure from fluid was diagnosed, producing frequent epileptic seizures—some momentary, others more severe—some paresis of neck muscles—the masseters and temporals, muscles of deglutition, a slight right arm apesis, some optic neuritis, loss of speech, special effort—partial speech—bowels much constipated.

Trephining the right supra parietal, covering such areas, was performed. No tumor was demonstrated and but little fluid escaped. Fits ceased for few days, probably due to anesthesia or nerve shock due to operation, as they soon recurred and grew in frequency. The case was brought home and I was called. Treatment advised by Minneapolis physicians was calcium bromide 15 grains four times a day, and laxatives and enemas as necessary, but bromides accomplished but little.

I soon called counsel with neurosine advised, but with no

results. I insisted on his return to Minneapolis, as I felt I did not have full control. Six physicians examined him and wrote me he would probably die in one or two months, but advised continuance of bromides. Fits more frequent, swallowing more difficult, lower jaw ptosis, tongue flat or protruding—much drooling, head forward and down, pupils dilated constantly, loss of speech—imbecilic features and sufficient to impress parents that likely his life might prove a burden on all from mental conditions, obstinate constipation and great restlessness, requiring constant care night and day. This was the picture. I added to the bromides a daily hypodermic dose of antuitrin, which I thought made some impression mentally. I opposed the bromide treatment, but the parents wanted to continue this, so it was given. My reasons will be given later.

I now took the boy to the Mayo Clinic, where he spent three days running the gamut of several specialists, only to be sent home with the following card of elucidation and a prognosis very dark.

Let me give you the report as rendered by the Mayo Clinic: "His systolic blood pressure was 100, and his diastolic 64. The pulse was 82. Eye examination showed no abnormalities either in the reflexes or in the fundus findings. Urinalysis was negative and the blood count showed a hemoglobin of 71%, red blood corpuscles 4,720,000, and leukocytes 10,600. The Wassermann tests had recently been made at Minneapolis and were not repeated here. Reported negative. X-ray examination revealed a large trephine operation on the right side, otherwise the findings were negative.

"There was complete paralysis or extreme weakness of the muscles of the jaw, especially the temporal and masseter muscles; there was some weakness of the soft palate and the muscles of deglutition, but sensation, co-ordination, gait and station were normal. The reflexes were negative except that they were a trifle increased in the arms. There were no abnormalities of the nerve trunks, bladder or rectum. Because of the weakness of the masseter and temporal muscles, the mouth was held open and fluid came from the nose and mouth, and there was no movement of the palate when crying. They say that he bites his food, but he could not develop a bite voluntarily. In the convulsions the child opens his mouth wide; he does not talk but gets a fair phonation in crying, after his convulsions. These seizures are mild in type and of about thirty seconds' duration.

"We cannot make a definite diagnosis, although we are inclined to believe that the lesion is of a polioencephalitis in-

ferior type, or it may be that there is a tumor in the region of the fourth ventricle. Clinically the case presents a picture of bulbar paralysis and the child is likely to suffer the usual fate of such cases, unless some reparative process takes place."

Continuance of bromides was advised. For the reasons following I had been opposed to bromides, and amount had been decreased and later only an occasional dose combined with cannabis indica and solanum.

In searching for reasons as to bromides, I found the following statement in a recent treatise on neuroses by Jelliffe and White. They say: Bromide acts as a motor depressent. It raises the threshold of motor discharge and does, therefore, inhibit the convulsive expression. That it does this is sufficient explanation for its extensive use. Many popular medicines have much less to recommend them. When we realize, however, that the convulsion is not the disease; that it is not the cause, nor a first expression even of the disease, but only its outward expression and the end result at that, it may well be questioned whether bromide medication is rational. Experience seems to show that the fit, postponed by bromide, comes to pass ultimately anyway, and that the bromide may in fact, operate unfavorably by tending to produce a summation of attacks and thus increase the danger of status. Added to this is the potentiality for disturbing the digestion which the bromides possess so prominently. So it may be said, **they had best not be given at all** unless under most carefully regulated conditions. The true function of the bromides is to control the convulsive manifestation when they, as such, become a source of danger, as in serial attacks and threatened status. Such was my regulation after reading this opinion, and I copied this statement that the boy's parents might read it.

Returning home from the Mayo Clinic I read an article by a New York City physician, Dr. Graff, portraying the results of auto-hemic—or one's own blood treatment—which appealed to me, so I wrote him. He kindly referred me to Dr. L. D. Rogers, Chicago. I secured three or four numbers of the N. A. Journal of Homeopathy, containing several reports of cases, especially neuroses. I submitted these to the parents of the boy and offered to go to Chicago to investigate this procedure, and at the same time to consult with a very eminent specialist. This I did with little satisfaction, as one specialist doesn't relish the pabulum of any other. Each wants first hand patient. Perhaps the fee is larger, and of course, a patient in hand is better than one in the bush. However, the gentlemen suggested it might be myasthenia gravis, yet he

suggested he might be able to show considerable evidence against such diagnosis. I spent ten days with Dr. Rogers, examining patients that came to his clinic, seeing quite a number the second time, getting history of their troubles and results of auto-hemic treatment. I twice met a young woman who, after treatment in sixteen hospitals for tubercular vertebra necrosis and consequent drainage, via psoas, to groins and life nearly ended, was miraculously cured by auto-hemic.

I visited Sunny Brook Sanitarium with Dr. Skiles, where I reviewed many neurotic cases, even to insanity, whom the doctor was treating with auto-hemic almost exclusively. He, himself, had been a patient as well as his son, resulting in their full recovery and his endorsement and adoption of the treatment in practice.

I also delved into medical lore and satisfied myself that the boy's case was a myasthenia gravis, probably due to imperfect congenital construction, due to no fault of the parents individually; a condition that does not materialize in the end results—pareses of parts noted until the fifth to twelfth year of age; usually five to eight years; and as Dr. Evans, a noted writer says, it would very much surprise a specialist to find a case that had been cured.

I discussed the case with Dr. Rogers, who, being an optimist in use of his fad, or as he calls it, system, thought I would cure my case with auto-hemic. Anyway, this I decided to attempt, having concluded the real fault to be endocrine, and certainly pluri-glandular, involving the pituitary supra renal and thyroid, giving us low blood pressure, low hemoglobin; low blood count; red; high count, white; weak, fast pulse; pupil mydriasis; much pareses, general vaso-motor; ennui due to hypo-adrenia, with rectal tenesmus. I mapped out my campaign.

I departed for home, where I found the boy having thirty to forty epileptic seizures a day—some very light, some severe—an acute cold, filling his lungs and causing 103 temperature, positive pneumonic conditions—taking cough syrup without relief.

I at once introduced the auto-hemic by getting 1 cc. of his blood, which in the absence of an incubator I incubated in a warming oven, warmed and lighted by an electric light, prepared the serum the following day and administered it intravenously. Within two days his lungs cleared. I now dilated the rectal sphincter under chloroform anaesthesia, and without further anesthesia I did a dilation twice later. A violet ray, a 50 c.p. lamp, was hung about eight inches above the solar plexus and kept burning night and day as a

sedation to the sympathetic. Small doses of hyoscyamus and solanum every four hours, pluri-glandular capsules four times a day—his auto-hemic once a week. His bowels became normal after the third auto-hemic—his fits grew fewer, but some, especially night attacks, were more violent—so severe that I was called. The father, sleeping with him, thought he would die in the attacks; but I assured him he was improving in every way; better muscle control, improved blood and vessel tone, improving speech, iris contracting, seances only one about 2 a. m. then at 4 a. m. Then only very restless spells. Walking without the nurse's support, entertaining himself. His first real effort to entertain me he recited distinctly the ditty: "An apple a day keeps the doctor away." I gave him in all nine auto-hemics. At no time following the day after his treatment, when there was apparent aggravation as a reaction, was I unable to see improvement. All doing well, and on account of the nervous objection to the intravenous operation as he improved, his treatment was pluri-glandular with less sedative. He rapidly improved and employed himself at play. He became industrious and observing—always busy. The following school year he resumed school life. During the next twelve months he encountered measles, whooping cough and smallpox, all of which were brief and easy, with no epileptoid tendencies, and is a manly, active boy, the pride of the family, and to the great satisfaction of his physician—as it seemed to be one of those cases that the doctor can point to, as one having been truly benefited by the treatment, as the surgeon points to some of his cases.

I think I must not claim all benefits due to auto-hemic, but only the pan glandular powers enlisted from the whole blood, attenuated with pure distilled water, haemolyzed by osmotic processes—thermolyzed by fever heat 100 to 104 degrees for 24 hours—germicised by electric light as the sun operates—and sensitized and probably potentized or dynamized by agitation for 20 to 30 minutes a la Hahneman rules and regulations—added to the feeding of the constructive and reconstructive glands of the body so ably advocated by Dr. Harrower of Glendale, California. All pulled together to cure myasthenia gravis: one of the bug bears of the profession.

Now, gentlemen of the greatest and best professions of this world, but the profession none too well followed, equipped or performed, I must call your attention to the title of this paper and appeal to you that we shall know ourselves and our patients better; that, being true to ourselves we may not be false to any man.

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THE ALTERNATE DRUG

The demand for a change seems to be an inherent trait in human beings. A steady mental or physical diet soon becomes irksome, or eventually impossible. The call from labor to refreshments is insistent and must be answered. There is also a demand for a change in the kind of labor as well as a change in the kind of refreshments. Thus our dietary is subject to daily change. A meal may be satisfactory in every respect but to repeat this same menu for a score of consecutive meals, it becomes repugnant to the senses and digestive processes alike. In a like manner do these conditions apply to drugs, and a change becomes imperative. In acute diseases we prescribe in accordance with the symptoms, which, changing from day to day, indicate different drugs. It follows that no one drug is apt to be given for a sufficient time to lose its effect or cause the body to become rebellious. Not so in chronic diseases. Because a drug produces satisfactory results for one week we are apt to continue it indefinitely. We lose sight of the fact that after a time the body will become habituated to a drug and no reaction takes place. The continued use of a drug under such conditions is at least useless. Frequently it is harmful. A helpful prescription is usually refilled repeatedly by the patient, and eventually to his detriment. An efficient way to prevent this is to do your own dispensing.

"TO COUNSEL OR NOT TO COUNSEL"

Byron H. Nellans, M.D., Cincinnati, O.

Preface—The subject of consultation, to me, is one of much importance, and my purpose in presenting the paper is primarily to bring about a discussion of this topic. I have been unable to find anything in medical literature to enlighten me about it. Some time ago, in going over my notes that were taken at one of the hospitals in Cincinnati when a student, I came across the following words: "Mistake young M.D.'s make is to call in consultation at first crack out of the box. Take your time, keep head cool, and all will be O. K." I grant that in the greater percentage of our cases, if we will just sit down, take our time to carefully examine our patient, reason clearly and logically along straight lines, keeping a cool head, all will be all right. **Consultation is the exception rather than the rule.** Yet there are some cases in which, even though we have done all in our power to establish a diagnosis and institute treatment to the best of our knowledge, it becomes necessary for counsel. Hence this paper, "To Counsel or Not to Counsel."

Definition — Counsel (noun); deliberation; consultation; advice; direction; design. A counsellor: One who pleads causes (transitive verb). To give counsel or advice to; to advise, warn or instruct; to recommend. Counsellor (noun): Any person who gives counsel or advice; an adviser. Such is the definition of counsel according to standard medical dictionary.

Why counsel?—What are the conditions that may make a consultation necessary?

1. The physician himself may ask for counsel for the following reasons:

(a) Where he has been unable to make a positive diagnosis.

(b) Where he has made a diagnosis and he wants it confirmed or corroborated.

(c) For advice as to treatment where a diagnosis has been properly made.

(d) Where there has been a long unimproved condition of the patient.

(e) In all borderline cases (and by that I mean cases that may have a surgical aspect and require surgical interference) a competent surgical consultant should be called in and due respect paid to his opinion. In these cases (borderline cases) I rely solely on the surgical diagnosis and opinion until proven otherwise by subsequent events.

(f) To help assume responsibility in a given case. For,

in the event of the physician losing his case after a hard fight, he feels better and has the well satisfied feeling of knowing that he did all in his power to win out, even to the extent of having counsel. Whereas, if the physician has fought the fight alone, without counsel, the family in many instances afterward thinks that the result might have been different, or at least have felt better had a consultant been called in.

2. (Continuing the conditions that may make a consultation necessary.) The family, or patient, may suggest to the physician in charge calling in of counsel.

(a) They may not be convinced that the physician is right in his diagnosis.

(b) There may be some question as to the treatment instituted.

(c) The slowness of convalescence may cause them worry or anxiety and counsel be asked for.

3. The interference of gossiping, coffee-klotching neighbors and pseudo friends, et cetera, who bear ill-feeling against the physician in charge and do not hesitate at the least chance to knock him and try to get the family to dismiss him; so that, indirectly, the family asks counsel, at the same time desiring to retain the physician in charge.

Having discussed for a brief time the reasons why a consultation may be necessary, let us for a moment look at the negative side.

Why should not counsel be called?—

1. The physician may be ashamed to admit his inability to make a diagnosis.

2. Having established a diagnosis, afraid to stand by his guns and counsel.

3. Some say it is an admission of ignorance if the physician in charge asks for counsel.

4. Some families, if counsel is asked for, take alarm and may dismiss the physician, believing that he is incompetent from the very fact that counsel has been asked for.

5. Some families, when consultation is asked for or suggested, say it is unnecessary to have counsel and the private physician too.

6. The physician may be afraid of the family going over to the consultant.

Here permit me to say that no physician can put his reputation ahead of the life of the patient. He is confided in by the patient, and paid by the patient to treat him and bring him back to normal health. At all times we must remember that the patient's welfare comes first. If we honestly feel that we don't know the seat of the trouble, in doubt as to our treatment, or the prognosis in the case, be fair to the

patient and to yourself; admit as a gentleman you are not perfect, as we would like ourselves to seem, and ask for counsel. Then if the family should say no, your own conscience is clear, you feel and know that you have been honest and fair and square with your patient, even if he has not been so with you.

Who should the consultant be?—Now, it being deemed advisable for counsel to be called, the next question to naturally follow is, "Who shall the consultant be?" I always ask the family if they have any physician in mind whom they would like to have in counsel. If the family suggests a specialist (counsel) who is a bona fide specialist—by that I mean one who has proper experience and is recognized by the profession itself as a capable and competent man in his particular specialty—I don't hesitate to call him in counsel. However, if the physician suggested by the family is one whom I know is not a competent man for the particular case in question, I tell them so, giving my reasons for so doing as best I can; and in the majority of cases I get them to see my way of thinking. If the family insists upon having one in counsel whom I know and feel to my own satisfaction will not be of benefit to the case, I beg to be relieved of all the responsibility of the case, let my diagnosis and treatment rest on its merits to date and the other physician be called in to assume full charge. In other words, there are some physicians I know whom I would rather turn a case over to than meet them in consultation. If the family has no choice for counsel, I call in in counsel a physician whom I believe to be the best fitted to help the particular case in question.

Duties of the consultant, or the ethics of consultation.—The first consideration in all consultation is the patient. In all questions of professional ethics the welfare and health of the patient must come first. Attend to the patient first, fight out school differences after leaving the sick chamber. The physician in charge should give the consultant a true and complete history of the case and its course since his care. After the consultant has made his own observations and examination of the patient, he and the physician in charge confer in private, and the result of the conference is communicated to the family. If the physician in charge of the case is wrong in his diagnosis, the consultant should tell him so, and the patient is entitled to a fair deal. The patient or, what is oftentimes better, the head of the family, should be told the true state of affairs, or given a true diagnosis, if you please, even though it may be contrary to the first diagnosis given by the physician in charge.

Counsel vs. Group Medicine.—Group medicine, as I see

it, is nothing more than the physician in charge having in consultation (indirectly) a number of specialists who are associated together see the patient. Each specialist returns his report to the physician in charge, who is then able to go through all the data of the history and physical examination and make a diagnosis. For it is only when we can successfully diagnose that we can make an intelligent application of sufficient number of remedies for the cure of our patients.

Results of consultation.—The results in my experience may be summed up under two headings:

1. The results as far as the patient is concerned.
 - (a) A diagnosis is made. This is especially true in borderline cases.
 - (b) A definite and thorough order of procedure and treatment is outlined.
 - (c) The patient and family are more satisfied that all is being done for the case that can be.
 - (d) In the event of a fatal issue you have given the patient the benefit of counsel, and can not be censured later for not doing so.
2. The results as far as the physician himself is concerned:
 - (a) A consultation is like a post-graduate training.
 - (b) It teaches us to take more careful case histories.
 - (c) It makes us more careful observers.
 - (d) Consultation is, after all, only the matching of wits, if you please, between the physician in charge and the consultant.
 - (e) Teaches us to make a more thorough and complete physical examination.
 - (f) Makes us pay more particular attention to the order of the appearance of the symptoms.
 - (g) Teaches us to be more conservative in our prognosis.
 - (h) To make a more intensive study of our materia medica.
 - (i) That none of us are infallible and every one of us is liable to make a mistake in diagnosis.

FLAT FOOT

Lillian J. Bullock, M.D., Manchester, N. H.

Most shoe dealers of the present day are stocked with arch supports of various patterns, which they place inside the shoes of a goodly proportion of their patrons who are suffered from weakened or fallen arches. Most of these ready-made supports—which are naturally ill-fitting—give no relief and are soon discarded. To some feet they are positively injurious

and can not be tolerated, while a certain proportion of people secure a greater or less degree of comfort from the supports and continue to wear them.

The fitting of such supports belongs legitimately to the medical profession, and it behooves us to give the subject much more careful attention than is given it by the vast majority of physicians today. A plaster cast should be taken of each and every suffering toe, and upon that cast a plate made which will exactly fit each case. Then, and not until then, does the patient experience the relief to which he or she is entitled. But it is not the **relief** of this condition so much as the **cause** of the growing evil, to which we desire to call your attention today.

If the subject of preventive medicine is as important as we all believe it to be, then assuredly, the subject of the prevention of the need of crutches of all kinds should have its share of our attention.

The cause of flat foot is easily discovered if we consider for a moment the structure of the skeleton of the human foot, and then glance at the shape of the fashionable shoe into which the foot is crowded. Dr. A. F. Wreat of Manchester, N. H., has made an exhaustive study of this subject, and has taken a large number of X-ray photographs of the human foot. He makes the rather startling statement that not a single person above twenty years of age has a normal foot, and anyone who doubts his assertion is invited to view his collection of photographs and be convinced.

Now, let me briefly call your attention to the structure of the normal foot, which is really a three-point suspension or bearing, with two arches. Beginning from behind, the first point is the heel, which forms a broad angle of a triangle. The outside point is the distal ends of the fourth and fifth tarsal bones with the corresponding metatarsals. The inside point is the distal end of the first tarsal, together with the great toe. Between each of these points there is an arch. Now displace any one of these points of suspension or of bearing and at once the corresponding arch is weakened. These points are held in place by supporting structures, and displacement of any point stretches and weakens the supports, which nobly resist as long as possible, and then permits, after the limit of toleration is reached, a displacement of the bearing point and a consequent sagging of the arch.

Now what effect has the modern shoe on this three-point structure? First, the third point mentioned, that of the great toe, has rather a longer leverage than the others, and as a result, less force is needed for its displacement. Hence, any crowding to one side of this point is attended by more severe

results. In the modern shoe, where the inside edge is inclined inward to a more or less sharp point, dependent on the style of the shoe, the great toe is crowded towards the center line of the foot, which, of course, weakens this point of support. But a straight inside edge is not all that is needed to secure a proper shoe. If the shoe is too narrow the outside point of support will be crowded towards the center with a consequent weakening of that point. Furthermore, a too short toe, even if broad enough, throws either or both of these points out of place, for the toes have to curl up, and, in order to curl up, they tend to point towards the center line.

Coming to the third point of suspension or bearing, the heel, we find less trouble here, though there is enough to warrant a careful study of the effects of the modern shoe on it. Displacements of the heel are generally in regard to height, but its situation, shape, width and length, together with its height, are all of importance. Normally it should be flat, low, broad, and extend from well under the long arch of the foot to the posterior end of the os calcis. The farther forward the shoe heel is, the more strain on the tendo Achillis and on the two anterior points. The narrower the shoe heel, the more strain on the lateral ligaments of the ankle joint and on the two anterior points. The narrower the shoe heel, more strain on the anterior arch, both from above and below. Any deviation of the third point of suspension or bearing affects the knee, the pelvis and the spine, with consequent trouble in these bones. The same effect is occasionally noted with deviation of the two anterior points, though to a less marked degree.

Now, what has all this to do with the Section of Pediatrics? Just this: In order to prevent the deformity of the foot, with all its consequent sufferings, we must begin in babyhood and see to it that they have properly fitted and properly shaped shoes, and then follow this supervision all the way through life. The responsibility rests upon the general practitioner, and we are not excusable if we neglect to properly instruct our patients in this matter. To begin with, no child should be put into shoe until walking is well established. When the baby begins its attempts at walking, a piece of flat leather, just as large as the foot, sewed to the bottom of the stocking or sock, will protect the bottom of the tender feet. After walking is well established, almost any of the baby shoes may be worn, always taking care that they are big enough, and that they allow proper expansion of the toes. Going barefoot is all right, and this custom does not, notwithstanding various opinions to the contrary, cause large feet—that is, feet out of proportion to the body. After baby-

hood there is little difficulty about shoes. The shops are well supplied with properly-shaped shoes, and most parents purchase them, until about the high school age, when vanity asserts itself, and the young people demand and receive the fashionable shoe, with its vicious pointed toe and iniquitous high heel.

The foundations of the arches are displaced, and by and by, when Dame Nature can resist no longer, the arches sag, and flat foot results. We physicians ought to create a demand for the sensible orthopedic shoe, and hammer away on this subject until we make people see that the foot in a natural-shaped shoe is far more graceful than any deformity.

ECHINACEA

W. N. Holmes, M.D., Nashville, Tenn.

Since much has been said and written in favor of echinacea by physicians who use it and are acquainted with its value, and a little has been said against it by "authorities" who do not use it, and are not acquainted with its value, I feel it my duty to give my experience with this invaluable remedy.

If I were asked the question as to which drug of the *materia medica* I valued most highly, in a diversified practice as well as in surgery, my immediate reply would be echinacea. It meets the demands more readily and more generally in pathologic conditions than any other agent. According to the old methods of prescribing a remedy, it is "sedative, tonic, stimulant, alterative, calmative, anesthetic, soporific and antiseptic." Such adjectives, however, are not allowable under the expressive methods of the advocates of specific medication. I, therefore, discard such expressions, and speak of echinacea as antiseptic and depurant, transforming pathologic depravations into healthy physiologic activities.

The processes of animal life are based upon normal assimilation and elimination. The arrest of either, if prolonged, results in disease expression. Disturbed assimilation results in abnormal elimination and consequent physiological deprivation. If assimilation remains normal, elimination being arrested, there is greater depravation, hence antiseptics and depurants, such as echinacea, are useful in many different disease expressions where these conditions prevail. This remedy renders depraved or toxic molecules and products harmless until they can be excreted as waste substances. It also stimulates cellular activity and prevents abnormal tendencies.

Inasmuch as the great function of echinacea is as a corrector of systemic discords, and since I know of no other common name for the plant than that by which it is known

to the people of Texas, **scurvy root**, I would suggest that it might very properly be called **Samson root** or **Hercules root**.

If an affection be local, echinacea need be applied only locally, although it is generally fortified by internal administration. If the affection be systemic, echinacea must be given internally, in which direction there is nothing equal to it. For local inflammation, especially such inflammatory disturbances as erysipelas, carbuncles, severe contusions, etc., echinacea should be administered internally as well as applied externally, regardless of any other treatment.

It would require a large volume to detail my experience with echinacea in the treatment of cases that have come under my personal charge. I will, however, give a few from my very recent practice, with the statement that the results are not exceptions to those that during my active professional experience have continually occurred during the past ten years or more, for I have been a constant user of echinacea since its introduction to the medical profession.

Case I.—Mr. B., engaged in one of our large wholesale houses, stumbled over a truck in a dark corridor, peeling the skin from the anterior tibial surface and instep. That night and the following day he suffered severe pain, accompanied with redness and swelling. The following night I was called, and on examination found vesicles thickly covering the surface bordering the wound, some of which already contained pus. Red streaks were running up the thigh. Temperature 103.5 degrees, headache, backache and general discomfort. There was no question in my mind as to the certainty of a case of erysipelas. The patient called it blood poison. I said, "Yes, it is blood poison." I had with me four ounces Lloyd's specific medicine echinacea, gauze and absorbent lint. I saturated a strip of lint, full thickness of the 5x11-inch roll, with the echinacea, covering the entire surface of the wound and vesicles, and wrapped with gauze bandage. I prescribed echinacea ʒiij , water ʒiv , giving two teaspoonful doses every hour, until my return. I called again twenty-four hours after and found my patient sitting up, fever all gone, vesicles dried up, redness and swelling almost entirely disappeared. The patient was very solicitous to know what it was I put on the foot and leg. I told him that it was medicine. I made one more very light application and continued the internal medicine, teaspoonful every three hours. Twenty-four hours later I returned to find every symptom of erysipelas gone, and the patient ready to return to the store the next day.

Case II.—Six days ago, the superintendent of English in the Nashville public schools called me up at 9 o'clock at night. I found him with instep of right foot hot, red and

swollen, from an abrasion made by a tight shoestring. His temperature was 102.3 degrees F. Whenever air struck him he would go into heavy rigors. Red streaks were running up the leg nearly to the knee. I saw that I had a case of incipient erysipelas, and at once applied cotton saturated with Lloyd's specific medicine echinacea. I told him that the pain, which was intense, would subside in a few moments, and that he would have a good night's rest, which he did. I called next morning and found the fever abated, swelling and pain gone, with every indication of quick recovery. I reapplied the echinacea, but gave no internal treatment whatever. The following day he went about his work as if nothing had happened.

Case III.—Three days ago I was called to the bedside of Mrs. W., wife of the general manager of one of our large retail stores. Found her with severe uterine pains, almost continuous. On investigation I found that a curettage had been performed eight days previous, by an inexperienced physician, who said that her trouble was endometritis, though the husband contended that she had aborted. One of our leading allopathic surgeons had preceded me by twenty-four hours, giving diagnosis of infection, and absolute necessity for hysterectomy, and that immediately, else the patient would die. She told him that she had already had seven operations performed and would not consent to another. Through a friend I was called, and told her husband there was certainly infection, but I thought it came from the failure of the first doctor to remove the entire contents of the uterus. Having placed her under an anesthetic, I removed a three months' placenta and much septic matter and prescribed as follows: R Lloyd's specific medicine echinacea, 3iij; Lloyd's specific medicine digitalis, gtt. xx; aqua, q. s. ad ʒiv. M. Sig. Teaspoonful every two hours.

While her fever was 104 degrees, with pulse accelerated out of proportion to temperature, I found her this morning with normal temperature and pulse, and she asked if I would permit her to sit up, saying that she was tired of the bed.

The above character of cases I could continue for hours and days, and then not be through telling my full experience with echinacea as a never-failing remedy when used as an antiseptic. As an antidote to the poison of insects and bites of dogs, cats, reptiles and blue-gummed negroes, I will only say that nothing has as yet been recommended as an antidote that will in any way compare with echinacea as a local and internal treatment. I want nothing better, nor do I ever expect to find anything half as efficacious for treatment of poisonous bites and stings as Lloyd's specific medicine echinacea.

I remember treating, the same day, two boys who had

been bitten by copperheads, one of the most poisonous of reptiles. I used specific medicine echinacea in both cases with phenomenally good results.

Since coming to Nashville (eight years ago) I had a severe siege of carbuncles on the back of my head and neck—thirteen different carbuncles of large size—unlucky number. A few of the first I had crucially incised and burned with carbolic acid, then applied cotton saturated with specific medicine echinacea. With the last I used echinacea alone, without the knife and acid, and they appeared to heal as rapidly as those I had cut. I have never seen a carbuncle do any harm when specific medicine echinacea was used, nor have I ever seen a person so afflicted who could not rest well at night under its application, so great are its anesthetic properties.

Cancers—epithelioma—yield very rapidly to the local and internal administration of echinacea. Carcinomas can be arrested, the odor destroyed, and the patient made comfortable under its use, and I believe that many cures have been and will be effected by its use in this most loathsome of all diseases. Camphorated cotton-seed oil, turpentine, chloroform and echinacea, properly mixed, make the best liniment I have ever used in sprains, contusions, swellings, pain, etc.

In conclusion I will state that the doctors who decry echineacea, and fail to give it a place among the very best therapeutic agents, are either blinded by prejudice or besotted with ignorance.

Since the foregoing was written, I have been treating a very large carbuncle, situated above the spine of the scapula, using nothing but pure Lloyd's specific medicine echinacea. The patient is special agent for the Hartford Fire Insurance Company. He is today in Chattanooga at work, without pain or discomfort. Will be entirely well in another week.

I use echinacea as surgical dressing more than any other agent. I regard it as a much safer remedy than iodoform, and certainly more pleasant to handle, to say nothing of the odor of the latter. I now never think of bichloride as a disinfectant. In preparing a field for operation, I use echafolta after scrubbing the parts with soap and water. I am now using specific medicine echinacea, one part, to two parts of warm water, as a dressing for fistula in ano. The patient, a very nervous lady on which I operated three days ago, is delighted with the dressing, says it not only gives no pain while dressing the wound, but relieves all pain by its anesthetic effect.

Where echinacea most strongly appeals to me is in the treatment of carcinoma. It arrests the inroads on new tissue, it subdues all pain, gives absolute rest, and destroys all odor.

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The various Eclectic publishers have decided to renew their special club offers to December 1, 1921, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles.....	\$1.50	\$1.25
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.50	2.10
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.25	1.00

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Concerning Echinacea

1885 to 1921

Originally employed by the Indians and Pioneers.

1885—Announced by an itinerant physician (Dr. Meyer.)

1887—Introduced to the profession by Dr. John King.

1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)

1894—Label prepared by Dr. Felter giving therapeutic uses.

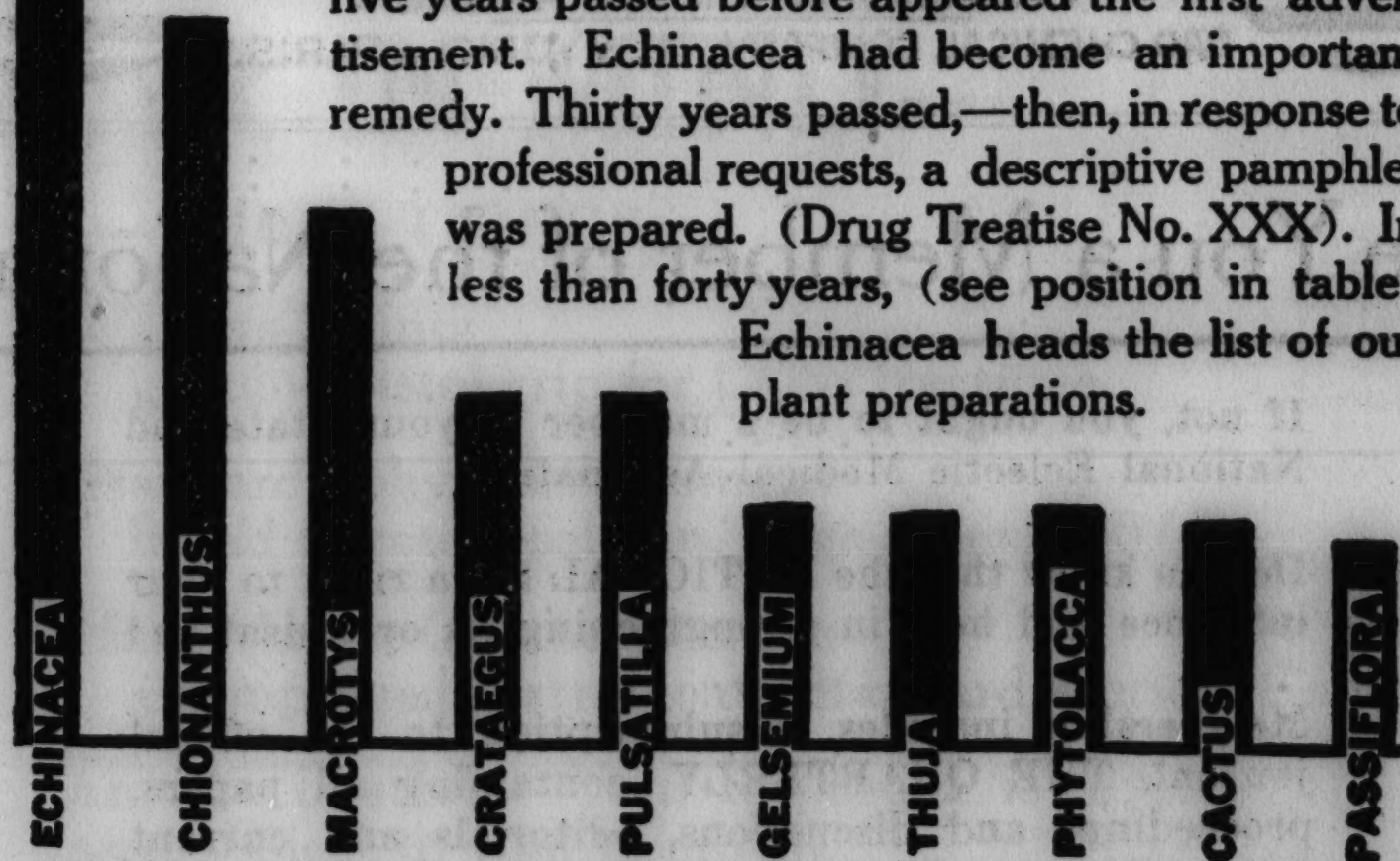
1899—First advertisement in Medical Journal, (Lloyd Brothers.)

1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)

1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

Summary


Ten years' use of Echinacea passed without descriptive label or circular. Its use constantly increased. Twenty-five years passed before appeared the first advertisement. Echinacea had become an important remedy. Thirty years passed,—then, in response to professional requests, a descriptive pamphlet was prepared. (Drug Treatise No. XXX). In less than forty years, (see position in table) Echinacea heads the list of our plant preparations.



The above diagram was made by Professor Everett I. Yowell, Cincinnati Observatory, from Laboratory Statistics. (Out of 239 Plant Remedies, the lines represent the first ten.)

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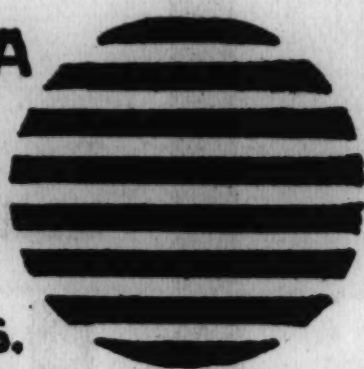


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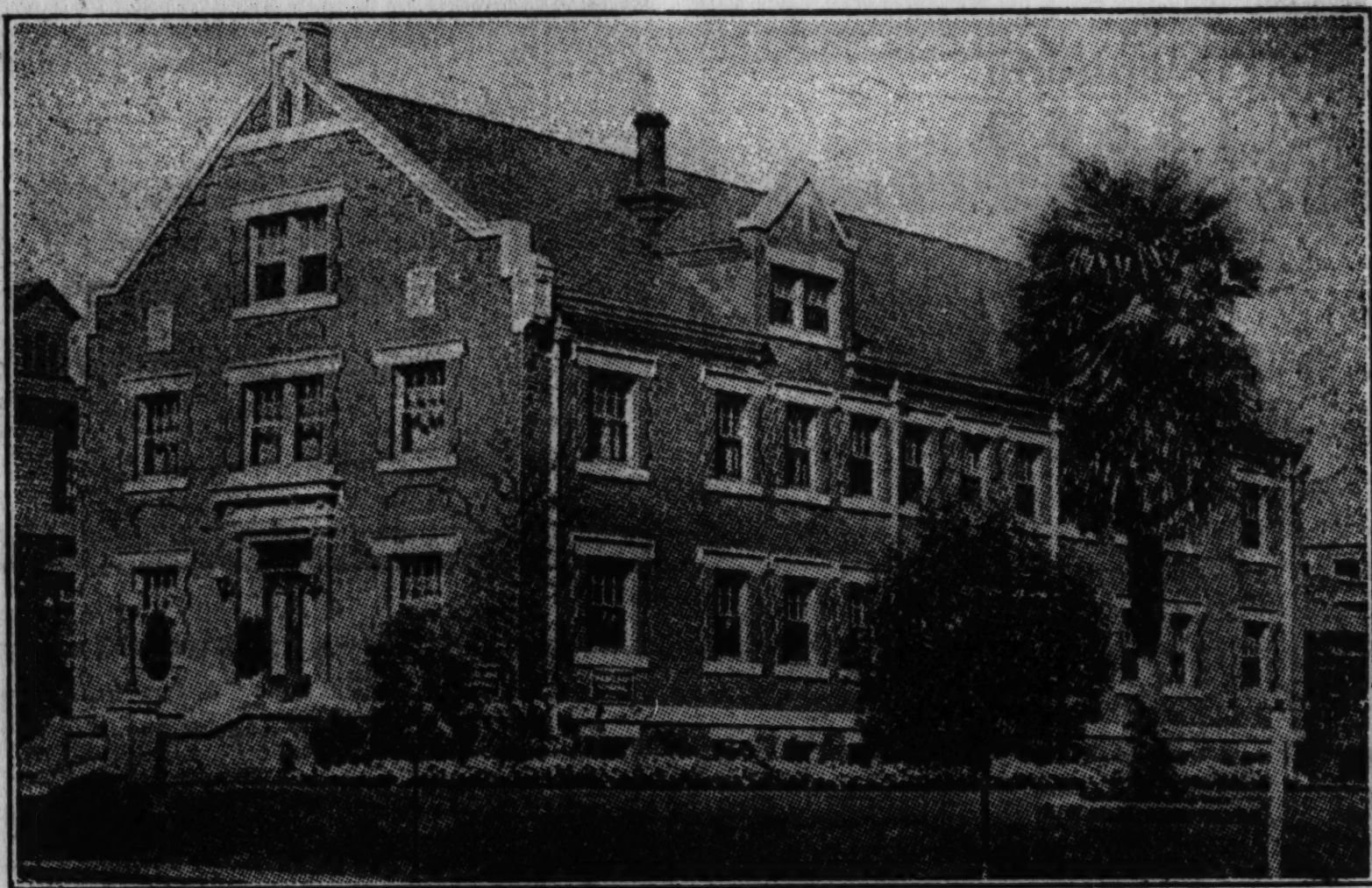
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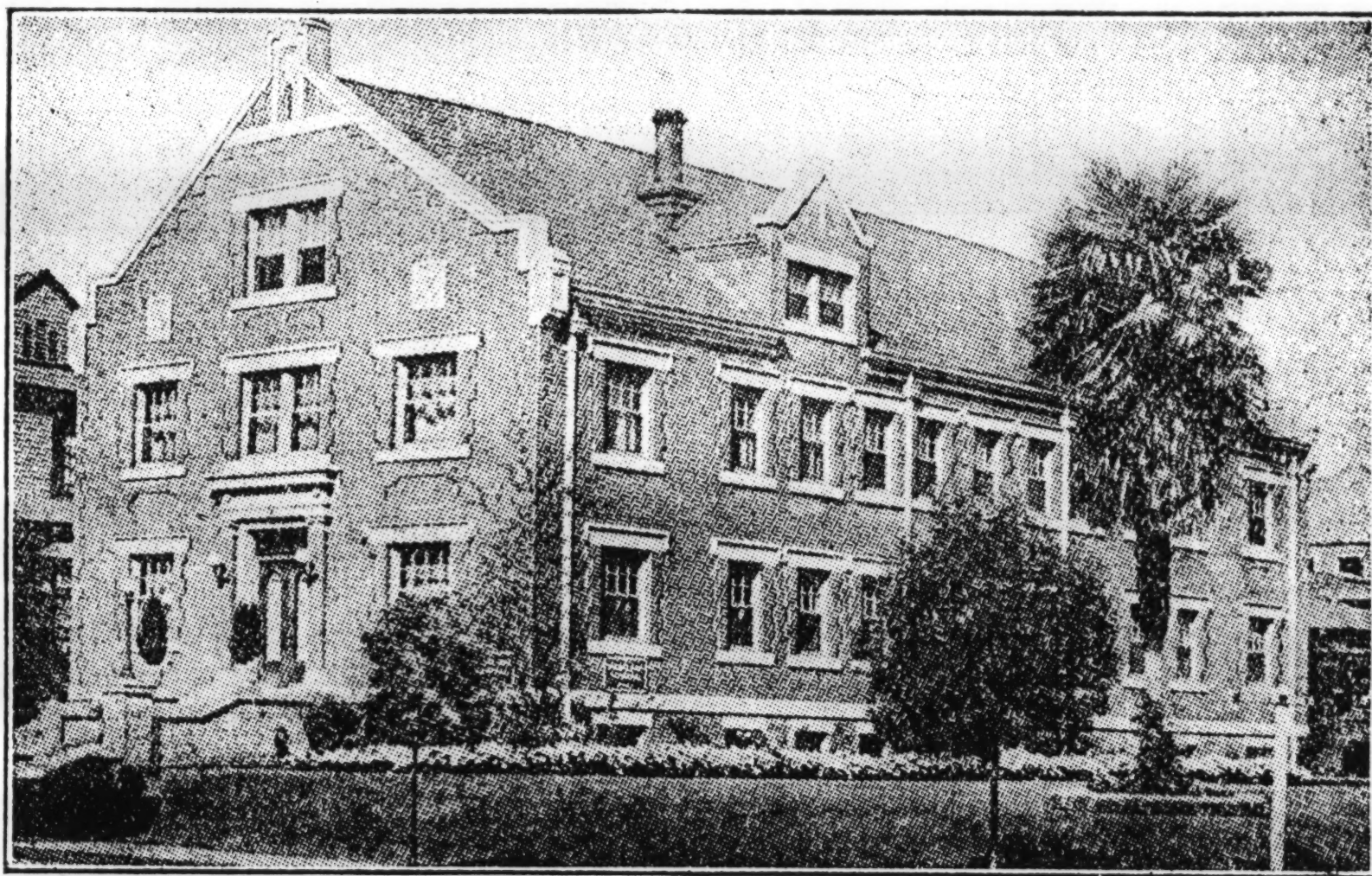
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